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TITLE: Deployment Family Stress: Child Neglect and Maltreatment in U.S. Army

Families

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Advancement of Military Medicine

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15. SUBJECT TERMS

Neglect, maltreatment, children, families, OEF, OIF, community factors

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Introduction

This is the first annual report of the project entitled "Deployment Family Stress: Child Neglect and Maltreatment in U.S. Army Families." The rationale for the study was based on scientific reports indicating a possible connection between the increase in rates of child maltreatment and child neglect in the U.S Army and the increased number of families experiences stress due to combat deployment (e.g., OIF, OEF). The project is designed to: 1) study and describe the phenomenology of Army child neglect, 2) identify child, parent, and family risk and protective factors that contribute to child neglect, 3) identify military community contributions to child neglect, and 4) identify surrounding civilian community factors that may contribute risk or protection to child neglect behaviors. The study uses a three-pronged, cross-informing methodology to collect information at 26 identified Army installation sites. Specifically, the study employs: key informant data collection via questionnaires, clinical record reviews of substantiated child neglect cases, and collection of data of selected characteristics at the community level believed to impact child maltreatment. Key informant data will be collected from service members, spouses, military service providers, and commanders by means of (1) inperson delivery of the Community Resources Questionnaire conducted at 4 Army installations with particularly high number of substantiated neglect cases during the index period, (2) telephone delivered questionnaires conducted at six additional installations chosen to ensure adequate representation by size of installation, rural/urban, locations (East, West, Midwest), combat / support / training installations and rank distribution, and (3) internet-based questionnaires given to all twenty-six installations identified as meeting criteria for the study. Clinical record reviews will be conducted at the same four Army installations as the in-person questionnaires. Clinical record reviews will provide data on the characteristics of child neglect incidents that have been substantiated by a multidisciplinary case review committee at each installation. An examination of military and civilian community resource and characteristics data for all 26 identified installations and their surrounding communities will assist in developing installation profiles of their demographic structure, PERSTEMPO, military function as well as their civilian and military social and resource characteristics. The results of this project will improve understanding of child neglect phenomena within the U.S. Army, clarifying contributing risk and protective factors at multiple levels within the family and community. This report summarizes the progress made during the first year of the project along each of these three major methodological prongs based on the Schedule of Work (SOW) and the required elements of a CMDRP annual report.

Body

Based on the SOW (in bold) during the first of the year of the study, we:

- 1. Identified Sites that meet study criteria for study:
 - See Appendix A for a summary of sites by data collection method.
- 2. Program personnel recruitment and hiring:

Identified and hired needed personnel to fill the psychologist and research assistant positions at USU.

3. Organization and Preparation:

We completed design of in person key informant interview questionnaires and developed the template for clinical record reviews (essential aspects of study Prongs A and B). We have field tested the record review instrument to establish: 1) amount of time necessary to complete the review, 2) effectiveness in capturing clinical information relevant to neglect experiences; and 3) ease of use.

We developed an on-line version of the Prong B Community Resources Questionnaire which will be used at selected Army installations (See Appendix A for a summary of the installations and data collection methods at each).

We tested the telephonic version of the neglect questionnaire with CSTS personnel to ascertain the length of time for completion and ease of understanding of the questions.

We developed initial operational definitions of key variables that describe community characteristics and resources for Prong C. For example, factors such as average income by zip code or county and percentage of community members eligible for food stamps, were discussed as potential descriptors of community level economic resources.

We submitted the application for institutional regulatory review and human subject approval at USUHS and are currently waiting for final approval.

We created the data files for entry of clinical review data taken from charts on-site as well as the key informant questionnaire data.

Drs. Newby and McCarroll made contact with Family Advocacy Program (FAP) regional and installation points of contact (POCs) and met with site representatives of the study during the 2009 Family Advocacy Program conference in Louisville, KY.

A press release was written for distribution to all 26 installations describing the research study and what each will be asked to do (e.g., complete questionnaires by phone, internet, in person; etc.). It will be distributed to the Public Affairs Officers for appropriate inclusion in installation newspapers, newsletters, etc.

4. Site approval and Planning:

Project staff met with the new Director of Family Programs, Ms. Lynn McCullom, to discuss the study and gain her overall support for the project as well as identifying points of contact at selected installations. Later, the project PI, Stephen Cozza, M.D. spoke to Ms. McCullom and regional ACS directors about the project and how to make contact with key stakeholders at the selected installations (Forts Hood, Drum, Stewart,

& Bragg) where clinical record reviews and on-site questionnaire administration will occur). Both Ms. McCullom and LTC Ben Clark, (Director of the Army Family Advocacy Program) have been consistently briefed on the study and the various installations to be involved in data collection activities. An official Army "tasker" is being developed to be sent to our selected research sites signifying official understanding and endorsement of this project.

Contacts have been made with POCs at the 4 clinical record review sites noted above and preparations have started to assist them with the IRB review process at their installations.

5. Program Staff training:

Staff training during the first year of the grant consisted of the two site visits to conduct feasibility trials of the clinical record review template described above. As a result of these visits, the template was modified for greater ease of use in the future.

Key Research Accomplishments

- a. Scientific poster presentations ("Deployment Family Stress: Child Neglect and Maltreatment in U.S. army families)," describing project background information and study design were presented by staff at the following national conferences:
 - Military Health Research Forum, in Kansas City, MO: Stephen J. Cozza, M.D., Jodi B.A. McKibben, Ph.D., Carol S. Fullerton, Ph.D., James E. McCarroll, Ph.D., M.P.H., John Newby, Ph.D., M.S.W., Jennifer M. Guimond, Ph.D., Margaret M. Feerick, Ph.D., David M. Benedek, M.D., Danielle Marks, B.A., Tova Narrow, B.A., and Robert J. Ursano, M.R. Presented by Dr. Guimond.
 - 2. Annual Meeting of the Social Welfare Research Group at the University of Southern California (09/09/09). Presented by Drs. Feerick and McKibbon.
- b. A journal article reviewing the literature on child neglect in the military outlining a new model of neglect conceptualization has been drafted and is being prepared to submit for publication.

Reportable Outcomes

None.

Conclusion

This has been a year of building the infrastructure needed to conduct this large and complex project: new staff has been hired, analysis of the army installations around the USA was completed to identify the most appropriate sites for studying child neglect;

involvement of necessary individuals in the Army chain of command has occurred and as noted above, we expect an official military "tasker" to the study sites to be sent soon. In addition, development of the key tools needed for study implementation have occurred (e.g., creation of the clinical record review template and the Community Resources Questionnaire) and feasibility testing has been conducted. Work related to database development has also occurred anticipating actual data collection. Collaboration with installation site study coordinators that will be involved in the clinical record review is of particular importance since IRB approval must be obtained at the local site level for the clinical record review sites.

References

None

Appendices

Appendix A: Summary Chart of Study Installations and Data Collection Method

Appendix B: Clinical Record Review Template

Appendix C: Community Resources Questionnaire

Appendix D: Example copy of Neglect Poster Presentation

Appendix A

KEY INFORMANT COMMUNITY RESOURCES QUESTIONNAIRE AND CLINICAL RECORD REVIEW SITES

Proposed Sites by Methodology

INSTALLATIONS	CLINICAL RECORD REVIEW	COMMUNITY RESOURCES			OURCES QUESTION METHODOLO	
	RECORD REVIEW	QUESTIONNAIRE	ON-SITE	PHONE	COMMISSARY	INTERNET
FT BRAGG, NC	•	•	•		•	•
FT HOOD, TX	•	•	•		•	•
FT STEWART, GA	•	•	•		•	•
FT DRUM, NY	•	•	•		•	•
FT POLK, LA		•		•		•
FT CARSON, CO		•		•		•
FT WAINWRIGHT, AK		•		•		•
FT HUACHUCA, AZ		•		•		•
FT MEADE, MD		•		•		•
FT IRWIN, CA		•		•		•
FT RUCKER, AL		•				•
FT BENNING, GA		•				•
FT CAMPBELL, KY		•				•
FT LEWIS, WA		•				•
HAWAII**		•				•
FT RILEY, KS		•				•
FT BLISS. TX		•				•
FT KNOX, KY		•				•
FT SAM HOUSTON, TX		•				•
FT LEE, VA		•				•
FT LEONARD WOOD, MO		•				•
FT EUSTIS, VA	_	•				•
FT RICHARDSON, AK		•				•
FT JACKSON, SC		•				•
FT GORDON, GA		•				•
FT SILL, OK		•				•

^{**}HAWAII contains (1) Tripler Army Medical Center (TAMC) and (2) Schofield Barracks (25th Division)

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4/10/2009

RECORD REVIEW DATA FORM v.10

Note: Some charts may have documentation of multiple incidents. There will always be one target incident (the incident that first initiated the chart). When there are multiple versions of the same form, use the form with the date closest to the target incident.

Stud	y ID: Cor	mpleted by:			Date completed	d:	
Gene	eral Information from CR	C Narrative and	d other narrative	forms			
1.	Installation:	1. Drum	2. Hood	3. Bragg	4. Stewart		
2.	Date of target incident:	a. Month	b. Year				99. Missing
	summary of target inciden generational, contributing		nicity, injuries, cas	se characteris	stics, whether family	is blended	or
3.	Sponsor's relationship to	2. St 3. Ac 4. Ot	ological parent ep parent doptive/foster pare ther family membe onfamily member				99. Missing
4.	Is sponsor offender?	1. Ye	es 2. N	0			99. Missing
5.	Spouse's relationship to	2. St 3. Ac 4. Ot	ological parent ep parent doptive/foster pare ther family member onfamily member			97. NA	99. Missing
6.	Is spouse offender?	1. Ye	es 2. N	0		97. NA	99. Missing
Depl	oyment data from narrat	ives					
7.	At time of incident, spons	or was:	1. [eployed	2. Not deployed		99. Missing
8.	At time of incident, spous	se was:	1. 🗅	eployed	2. Not deployed	97. NA	99. Missing

9.	Documentation	n of prior deployment?		1. Yes	2. No		99. Missing
10.	Number of dep	oloyments experienced	l by fami	ly:		97. N A	99. Missing
Date	s of deployment	:					
11.	a. Month	b. Year	to	c. Month	b. Year	97. NA	99. Missing
12.	a. Month	b. Year	to	c. Month	b. Year	97. NA	99. Missing
13.	a. Month	b. Year	to	c. Month	b. Year	97. NA	99. Missing
14.	a. Month	b. Year	to	c. Month	b. Year	97. NA	99. Missing
15.	a. Month	b. Year	to	c. Month	b. Year	97. NA	99. Missing
Cha	nges related to d	eployment:					
16.	Moved to differ	rent community		1. Yes	2. No	97. NA	99. Missing
17.	Moved in with	family/friends		1. Yes	2. No	97. N A	99. Missing
18.	Increased final	ncial problems		1. Yes	2. No	97. NA	99. Missing
19.	At-home parer	it stress, anxious, or d	epresse	d 1. Yes	2. No	97. NA	99. Missing
20.	Does deploym	ent appear to be a fac	tor in ne	glect? 1. Yes	2. No	97. NA	99. Missing
Brief	Summary of de	ployment information:					

	Type and Description of Neglect	Substantiated	Described-not substantiated	Not described	(5)	ev	eri	ty	(1-	-5)
21.	Failure to Provide (FTP)—Physical Needs = 300 specify:	_1	2	3						_
22.	FTP Adequate Food and Nutrition = 301	1	2	3	1	2	2 ;	3	4	5
23.	FTP Appropriate Clothing = 302 (too big/small, inappropriate for climate)	1	2	3	1	2	2 ;	3	4	5
24.	FTP Shelter = 303 details:	1	2	3	1	2	2 ;	3	4	5
25.	inadequate housing	1	2	3		••••				
26.	unsanitary household conditions	1	2	3						
27.	inadequate utilities in home (water, heat, electricity, phone)	1	2	3						
28.	FTP Hygiene = 305 details:	1	2	3	1	2	2 ;	3	4	5

	Type and Description of Neglect	Substantiated	Described-not substantiated	Not described	Si	eve	erity	· (1	-5)
29.	poor personal hygiene	1	2	3					
30.	Inadequate dental hygiene	1	2	3					
31.	Other or unspecified physical neglect	1	2	3					
32.	FTP —Health care = 304 specify:	1	2	3					
33.	FTP Medical = 304 details:	1	2	3	1	2	3	4	5
34.	failure to receive routine preventative care (checkups, vaccinations)	1	2	3					
35.	failure to receive timely medical care for identified problem	1	2	3					
36.	failure to comply with medical directives (medications, special diet)	1	2	3					
37.	alcohol/drug use during pregnancy	1	2	3					
38.	other or unspecified medical neglect	1	2	3					
39.	FTP Dental = 304 details:	1	2	3	1	2	3	4	5
40.	failure to receive routine preventative care	1	2	3					***************************************
41.	failure to receive timely dental care for identified problem	1	2	3					
42.	other or unspecified dental neglect	1	2	3					
43.	FTP Mental health = 304 details:	1	2	3	1	2	3	4	5
44.	failure to receive timely mental health assessment or care for problem identified by medical, educational or mental health professional	1	2	3					885-1977777777-68
45.	failure to comply with mental health directives	1	2	3					
46.	other or unspecified mental health neglect	1	2	3					
47.	other or unspecified health care neglect	1	2	3					
48.	Lack of Supervision = 400 specify:	1	2	3					
49.	Lack of Supervision—General = 401 describe:	1	2	3	1	2	3	4	5
50.	caregiver unaware of child's whereabouts for unreasonable amount of time	1	2	3					
51.	child unattended for longer than appropriate for developmental level	1	2	3					
52.	Inadequate supervision outside home (not wearing protective gear when appropriate, caregiver does not know child's friends)	1	2	3					
53.	expelled or denied access to home (as punishment, routinely until specified time of day)	1	2	3					
54.	Lack of Supervision—Environment = 402 describe:	1	2	3	1	2	3	4	5
55.	unsafe household conditions (unlocked firearms, leaking gas, broken glass, poisonous household materials accessible, open electrical sockets, etc)	1	2	3					
56.	driving with child while intoxicated	1	2	3	1				

	Type and Description of Neglect	Substantiated	Described-not substantiated	Not described	9	ev	erit	y (1	-5)
57.	failure to use appropriate car seat or seatbelt	1	2	3					
	i								
58.	Lack of Supervision—Substitute Care = 403 describe:	1	2	3	1	2	3	4	5
59.	inappropriate substitute caregiver	1	2	3					
60.	child left with substitute caregiver longer than agreed upon or did not make provisions for routine/critical care (diapers, medication, etc)	1	2	3					
61.	other or unspecified supervisory neglect	1	2_	3					
62.	Abandonment (under Emotional Maltreatment = 500) describe:	1	22	3	1	2	3	4	5
63.	caretaker indicates no plans to return	1	2	3					
64.	more than 24 hours late retrieving child from substitute caregiver	1	2	3					
65.	other or unspecified abandonment	1	2	3					
66.	Educational Neglect = 700 describe:	1	2	3	1	2	3	4	5
67.	child under 5 yrs not enrolled in school or being home-schooled	1	2	3					
68.	unexcused/tardy attendance	1	2	3					
69.	absences not illness related	1	2	3					
70.	caregiver unresponsive to school's request to discuss problems	1	2	3					
71.	child does not receive special education services when needed	1	2	3					
72.	other or unspecified educational neglect	1	2	3					
73.	Emotional Maltreatment= 500 describe:	1	2	3	_	,			
74.	inadequate nurturance or affection	1	2	3	_	1	4	24	
75.	regularly expected to assume an inappropriate level of responsibility (caring for younger children, role reversal)	1	2	3		1	1	22	
76.	not permitted age-appropriate socialization (e.g. not permitted to play with friends, isolated from others)	1	2	3	_	2	1	44	
77.	other or unspecified emotional neglect	1	2	3					
78.	Moral-Legal neglect = 600 descibe:	1	2	3	1	2	3	4	5
79.	Exposed by caregiver to illegal behaviors	1	2	3	_				
80.	permitted alcohol/drug use	1	2	3					
81.	other or unspecified moral-legal neglect	1	2	3					
82.	Protection from violence (Under Emotional Maltreatment = 500) describe:	1	2	3		3	 3	42	
83.	witnessed domestic violence	1	2	3		_			

	Type and Description of Neglect	Substantiated	Described-not substantiated	Not described	Severity (1-5)
84.	witnessed the effects of domestic violence (injuries to parent)	1	2	3	
85.	participated in domestic violence	1	2	3	
86.	other or unspecified failure to protect	1	2	3	

Chart Forms

Form/pg/ Item #	# Da	ata Point				_	Alt. location
Section A:	Famil	y Advocacy Intake (MEDC	OM form 650-R	, 811, WAMC form	n 2721, or ec	quivalent)	
	87.	Informant (best guess)	1. Sponsor 2. Spouse	3. Other 97. Form Not o	completed	99. Missing	
		87a. If other, relationship	to family:			_	
p.1	Spo	nsor information					DA 7517 p.2
	88.	Sex (best guess):	1. Male	2. Female		99. Missing	
	89.	Age:	yea	ars		99. Missing	
	90.	Rank:	1. Enlisted 2. Officer				
			3. Warrant Off	icer	***************************************	99. Missing	
	91.	Grade:				99. Missing	
	92.	Time in Service:	yea	ars		99. Missing	
	93.	Status:	 Army Active Army Reser Army Nation 	ve			
			4. Other milita			99. Missing	
	94.	Residence (from Address)	1. On Installati		lation	99. Missing	
		94a. If unsure, note site:				00 14''	
	95.	Pending Deployment?	1. Yes	2. No		99. Missing	
	96.	Race/Ethnicity:		Latino aiian or other Paci dian/Alaskan Nativ			
			8. Other			99. Missing	
p.1	Spo	use information					DA 7517 p.2 (if offender)
	97.	Sex (best guess):	1. Male	2. Female	97. NA	99. Missing	(ii Ollerider)
	98.	Age:	yea	ars	97. NA	99. Missing	

Form/pg/ Item #	# Da	ta Point								Alt. location
	99.	Military S	Service	2.	None indic Currently Past milita	serving		97. NA	99. Missing	
	100.	Rank:		2.	Enlisted Officer Warrant O	officer		97. NA	99. Missing	
	101.	Grade:						97. NA	99. Missing	
	102.	Time in S	Service:			ears		97. N A	99. Missing	
	103.	Status:	999 999	2. 3.	Army Activ Army Res Army Gua Other milit	erve		97. NA	99. Missing	
	104.	Pending	Deploymer	nt? 1.	Yes	2. No		97. NA	99. Missing	
	105.	Race/Eth	nnicity:	2. 3. 4. 5. 6. 7.	Hispanic of Asian Native Har American	waiian or o	ther Pacific I kan Native	slander 97. NA	99. Missing	
).1	Child	dren:								FAP Social
	106.	Number	of children:							history p.5
		a. Birth order	b. Sex	c. Age	d. Year of birth	e . l	Race	f. Living at home	g. Neglect Victim?	
	Index	Child:	•			4		11-9-12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		
	107.	99. Mis	1. M 2. F 99. Mis	 99. Mis	99. Mis	1. White 2. Black 3. Hisp 4. Asian 5. H/PI	6. Native 7. Multi 8. Other 99. Mis	1. Yes 2. No 99. Mis	1. Yes 2. No 99. Mis	
	Othe		: List oldesi	L	.i					
	108.		1. M 2. F			1. White 2. Black 3. Hisp	6. Native 7. Multi 8. Other	1. Yes 2. No	1. Yes 2. No	
		97. NA 99. Mis	97. NA 99. Miss	97. NA 99. Mis	97. NA 99. Mis	4. Asian 5. H/PI	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	
	109.	——— 97. NA	1. M 2. F 97. NA	 97. NA	 97. NA	1. White 2. Black 3. Hisp 4. Asian	6. Native 7. Multi 8. Other 97. NA	1. Yes 2. No 97. NA	1. Yes 2. No 97. NA	
		97. NA 99. Mis	97. NA 99. Miss	97. NA 99. Mis	97. NA 99. Mis	4. Asian 5. H/PI	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	
	110.	 97. NA	1. M 2. F 97. NA	 97. NA	 97. NA	1. White 2. Black 3. Hisp 4. Asian	6. Native 7. Multi 8. Other 97. NA	1. Yes 2. No 97. NA	1. Yes 2. No 97. NA	
		99. Mis	99. Miss	99. Mis	99. Mis	5. H/PI	99. Mis	99. Mis	99. Mis	

Form/pg/ Item #	# Data Point									
	111.	97. NA 99. Mis	1. M 2. F 97. NA 99. Miss	97. NA 99. Mis	97. NA 99. Mis	1. White 2. Black 3. Hisp 4. Asian 5. H/Pl	6. Native 7. Multi 8. Other 97. NA 99. Mis	1. Yes 2. No 97. NA 99. Mis	1. Yes 2. No 97. NA 99. Mis	
	112.		1. M 2. F			1. White 2. Black 3. Hisp	6. Native 7. Multi 8. Other	1. Yes 2. No	1. Yes 2. No	regularization control de la c
		97. NA 99. Mis	97. NA 99. Miss	97. NA 99. Mis	97. NA 99. Mis	4. Asian 5. H/PI	97. NA 99. Mis	97. NA 99. Mis	97. NA 99. Mis	
p.1	113.	Others li	ving in the h	2	. None . Other chi . Grandpar		4. Other r 5. Nonrela		99. Missing	•

p.2	Current problems (family perception)				
Column 1	114. Child Abuse	1. Yes	2. N o	97. N A	99. Missing
	115. Spouse Abuse	1. Yes	2. N o	97. N A	99. Missing
	116. Financial	1. Yes	2. No	97. N A	99. Missing
	117. Unit (Job)	1. Yes	2. No	97. N A	99. Missing
	118. Childcare	1. Yes	2. N o	97. N A	99. Missing
	119. Recent Move	1. Yes	2. No	97. N A	99. Missing
	120. Pending Move	1. Yes	2. N o	97. N A	99. Missing
	121. Loneliness/Isolation	1. Yes	2. N o	97. N A	99. Missing
	122. Pending Discharge	1. Yes	2. N o	97. N A	99. Missing
	123. Legal	1. Yes	2. N o	97. N A	99. Missing
	124. Physical Medical Problems	1. Yes	2. No	97. NA	99. Missing
	125. Mental Health Problems	1. Yes	2. No	97. N A	99. Missing
	126. Family Member Illness	1. Yes	2. N o	97. N A	99. Missing
p.2	127. Family Disagreements	1. Yes	2. No	97. N A	99. Missing
Column 2	128. Religious Differences	1. Yes	2. N o	97. N A	99. Missing
	129. Racial/Cultural Differences	1. Yes	2. N o	97. N A	99. Missing
	130. Death in Family	1. Yes	2. No	97. N A	99. Missing
	131. Infidelity	1. Yes	2. No	97. N A	99. Missing
	132. Housing/Neighborhood issues	1. Yes	2. No	97. N A	99. Missing
	133. Alcohol/Drugs	1. Yes	2. N o	97. N A	99. Missing
	134. Sexual Problems	1. Yes	2. N o	97. NA	99. Missing
	135. Child Rearing Methods	1. Yes	2. N o	97. N A	99. Missing
	136. Suicide attempts	1. Yes	2. N o	97. NA	99. Missing

FAP Social History p.2

Form/pg/ Item #	# Data Point						Alt. location
	137. Criminal Problems		1. Yes	2. No	97. NA	99. Missing	
	138. EFMP		1. Yes	2. No	97. NA	99. Missing	
	139. UCMJ/Disciplinary Action		1. Yes	2. No	97. NA	99. Missing	
p.2	Experience w/ Counseling						FAP social
	140. Chaplain		1. Yes	2. No		99. Missing	history p.7
	141. Alcohol/drug		1. Yes	2. No		99. Missing	
	142. School counselors		1. Yes	2. No		99. Missing	
	143. Marriage & Family		1. Yes	2. No		99. Missing	
	144. Social Work Service		1. Yes	2. No		99. Missing	
	145. Community Mental Health		1. Yes	2. No		99. Missing	
	146. Court Mandated		1. Yes	2. No		99. Missing	
p.2	Experience w/ Counseling cont.					44444444444444444444444444444444444444	
	147. Child Protective Services		1. Yes	2. No		99. Missing	
	148. Marital Status of sponsor		1. Single 2. Divord 3. Widow	ed 5	. Separated . Married	99. Missing	DA 7517 p.2 FAP social history p.4
	149. Length of marriage	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_ Years		99. Missing	CRC II.5
	150. Sponsor living with spouse		1. Yes	2. No	97. NA	99. Missing	
Section A:	Child Abuse/Neglect Risk Assess	ment (MEDC	OM form	664-R)			
p.1	151. Severity of Abuse		1. Low	2. Mod	3. High	99. Missing	
	152. Timeliness of seeking medic	al care	1. Low	2. Mod	3. High	99. Missing	
	153. History of abuse/FAP history	1	1. Low	2. Mod	3. High	99. Missing	
	154. Protection of child		1. Low	2. Mod	3. High	99. Missing	
	155. Fear of returning home		1. Low	2. Mod	3. High	99. Missing	
	156. Sexual abuse		1. Low	2. Mod	3. High	99. Missing	
	157. Stress factors		1. Low	2. Mod	3. High	99. Missing	
	158. Evidence of Neglect	**************************************	1. Low	2. Mod	3. High	99. Missing	
	159. Age	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1. Low	2. Mod	3. High	99. Missing	
	160. Caretaker coping skills		1. Low	2. Mod	3. High	99. Missing	
	161. Caretaker substance abuse		1. Low	2. Mod	3. High	99. Missing	
	162. Child development/behavior	problems	1. Low	2. Mod	3. High	99. Missing	
Section C:	FAP Social History (MEDCOM for	rm 647-R-E)					
p.1 I.A	163. Sponsor education level:	1. Less than 2. High Scho 3. Some Co 4. Bachelor 5. Graduate	ool or G.E llege or Te s Degree	.D. echnical S	chool	99. Missing	

Forr Item	n/pg/ #	# Da	a Point					Alt. location
	I.B	164.	Spouse Education level:	 High Sch Some Co Bachelor 	iool or G.I ollege or T 's Degree	echnical School	99. Missing	
 p.2	——— III.1	165.	Parent witness abuse as o	hild	1. Yes	2. No	99. Missing	CRC II.5
	III.3	166.	Parent: Childhood physica	l abuse	1. Yes	2. No	99. Missing	
	***************************************	167.	Parent: Childhood Sexual	abuse	1. Yes	2. No	99. Missing	
		168.	Parent: Childhood emotion	nal abuse	1. Yes	2. No	99. Missing	
		169.	Parent: Childhood needs r	neglected	1. Yes	2. No	99. Missing	
 ɔ.5	VIII.	170.	Children unplanned/unwar	nted	1. Yes	2. No	99. Missing	
	С	171.	Child medical problems		1. Yes	2. No	99. Missing	
p. 5	VIII.	172.	Children difficult or except	ional	1. Yes	2. No	99. Missing	
	С	173.	Special problems		1. Yes	2. No	99. Missing	
		174.	Change in marital relations	ship after birth	1. Yes	2. No	99. Missing	
o.7	VIII. M3	175.	Special medical concerns		1. Yes	2. No	99. Missing	
Sect	ion D:	DA CI	ild/Spouse Abuse Incide	nt Report 7517	or equiv	valent (DA 2486-e, etc)	
p.1	2	176.	Date Incident Reported:	a. Month	t	. Year	99. Missing	
	5	177.	Fatality:			1. Yes 2. No	99. Missing	CRC II.4
	6	178.	Offender Previously know	n to Central Re	gistry:	1. Yes 2. No	99. Missing	
		179.	Victim Previously known to	Central Regis	stry:	1. Yes 2. No	99. Missing	CRC I.6
p.1	8	180.	1. Law Enforcement 2. Medical/Dental 3. Family Center 4. Childcare/School 5. Command	Civilian B. Law Enforcer D. Medical/Dent O. Social Servi 1. Childcare/S 2. Clergy 3. Other	tal ices	Other 14. Neighbor/friend 15. Self-victim 16. Self-offender 17. Defense logisiti 18. National Securi 19. Army recruiting 20. Other	cs	
—— р. 1	9	Type	of Maltreatment initially	eported		-		
• •	-		Physical 1. Yes	2. No				
		ļ	Sexual 1. Yes	2. No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			Emotional 1. Yes	2. No				
		ļ	Neglect 1. Yes	2. No				
p.1	11b		Substantiated incident:	1. Initial 2. Subse	equent	3. Reopen 4. Transfer	99. Missing	CRC narrative

Form/pg/ Item #	# Data Point										
		185a. If transfer, site of initia	l incident:								
	186.	Closure:	 Intervention/Treatment no lon Maltreatment reduced or no lon Sponsor and/or family no long Victim died Victim/offender refused treatm Transfer out 	onger present ger eligible							
11c	187.	Investigations:		4. SWS 5. None 99. Missing	CRC II.1						
11d	188.	Victim Protective Actions:	 Child removed for substitute of the control of the co	9	CRC narrative						

p.2		Victim information				
	24	189. Alcohol involvement:	1. Yes 2. No	98. Unknown	99. Missing	
	25	190. Drug involvement:	1. Yes 2. No	98. Unknown	99. Missing	
	26	191. Disability:	1. Yes 2. No	98. Unknown	99. Missing	
	27	192. Intervention provided by:	1. FAP 2. Other DoD	3. NonDoD 4. None	99. Missing	
p.2	28	193. Incident occurred:	1. On installation	2. Off installation	99. Missing	
p.2		Offender information				-
	34	194. Alcohol involvement:	1. Yes 2. No	98. Unknown	99. Missing	
	35	195. Drug involvement:	1. Yes 2. No	98. Unknown	99. Missing	
p.2	40	196. Intervention provided by:	1. FAP 2. Other DoD	3. NonDoD 4. None	99. M issing	
p.1	41	Type/Severity of Maltreatment				CRC 1.9
		197. Severity Physical Abuse	 Mild Moderate Severe 	97. No Repo	ort	
		198. Severity Sexual Abuse	1. Mild 2. Moderate 3. Severe	97. No Repo	ort	
		199. Severity Emotional Abuse	1. Mild 2. Moderate 3. Severe	97. No Repo	ort	
		200. Severity Neglect	1. Mild 2. Moderate 3. Severe		99. Missing	
p.2	42	201. Relationship of offender	to victim (substantiated))		CRC II.4
		Intrafamilial	Extrafamilial			

Form/pg/ Item #	# Da	ta Point									Alt. location
		Parent (Natural, Ste 2. Spouse Sibling Other family members		6. Milita 7. Milita 8. DoD 9. Othe	ary fa ary yo teac er Do	nildcare comily child buth prog her/scho D caregiv ship unk	dcare gram ol ver		99.	Missing	
Check file	202.	Additional incident rep	orts in file?	1. Yes		<u> </u>				Missing	
for other DA forms	203.	Number of additional in	ncident reports:	:					99.	Missing	
reporting		Dates of other incident									
additional incidents	204.	a. Month	b. Year						99.	Missing	
		a. Month							99.	Missing	
		a. Month							99.	Missing	
	207.	a. Month	b. Year					······································	99.	Missing	
		a. Month							99.	Missing	
Section M:	CHAN	A Assessment (693R o	r equivalent)								
p.1				Low				High			_
1	209.	Level of maltreatment		1	2	3	4	5	99.	Missing	
2	210.	Frequency of Abuse	«	1	2	3	4	5	99.	Missing	
3	211.	Psychological Impairm	ent	1	2	3	4	5	99.	Missing	4
4	212.	Knowledge of child rea	aring practices	1	2	3	4	5	99.	Missing	
5	213.	Substance Abuse	MARKA O PIRILI	1	2	3	4	5	99.	Missing	
6	214.	Parent bond with child		1	2	3	4	5	99.	Missing	
7	215.	Marital relationship		1	2	3	4	5	99.	Missing	
8	216.	Emotional needs met		1	2	3	4	5	99.	Missing	
9	217.	Child temperament		1	2	3	4	5	99.	Missing	
10	218.	Special needs child		1	2	3	4	5	99.	Missing	
11	219.	Developmental challer	nges	1	2	3	4	5	99.	Missing	
12	220.	Pregnancy		1	2	3	4	5	99.	Missing	
13	221.	Stressful life events		1	2	3	4	5	99.	Missing	
14	222.	History of abuse and/o	or injury	1	2	3	4	5	99.	Missing	
15	223.	Parental roles		1	2	3	4	5	99.	Missing	
16	224.	Impulsivity		1	2	3	4	5	99.	Missing	
17	225.	Locus of control		1	2	3	4	5	99.	Missing	
18	226.	Belief in a high power		1	2	3	4	5	99.	Missing	
19	227.	Attitude toward evalua	tion	1	2	3	4	5	99.	Missing	
20	228.	Work Performance		1	2	3	4	5	99.	Missing	

Forr Item	n/pg/ #	# Da	ta Point									Alt. location
	21	229.	Family strengths	1		2	3	4	5	99	. Missing	
	22	230.	Level of community involvement	1	-	2	3	4	5	99	. Missing	
			RC Presentation Form Note: Form ident number as the committee recei									
p.1	1.6	231.	ACR/Local Checks	1.	1. Negative 2. Positive			e	99	. Missing	CRC	
	1.7	232.	Alcohol/Drugs	1.	Yes		2. N	lo		99	. Missing	minutes
	II.1	233.	Law Enforcement	2.	CIV CID MP			MPI None	Э	99	. Missing	
h-1111/1-11111	II.2	234.	CPS involvement	1.	Yes	2	. No	***************************************		99	. Missing	
p.1	11.4	235.	Present suicidal/ homicidal ideation	1.	Yes	2	. No			99	Missing	
			100a. If yes,	1.	Parent	2	. Child			99	. Missing	
		236.	Past suicidal/ homicidal ideation	1.	Yes	2	. No			99	Missing	4 m
			111a. If yes,	1.	Parent	2	. Child			99	Missing	
p.1	II.5	237.	Abuse in family of origin	1.	Yes	2	. No	_		99	Missing	-
		238.	Emotional/psychiatric problems	1.	Yes	2	. No			99	Missing	
		239.	History of alcohol/drug abuse	1.	Yes	2	. No			99	Missing	
		240.	Administration/UCMJ action	1.	Yes	2	. No			99	Missing	
p.2	IV.1	241.	Risk		Low Modera	ate	3. H 4. T		to Life	99	. Missing	Partition 100 100 100 100 100 100 100 100 100 10
p.2	V.1	242.	Severity of substantiated event	1.	Mild	2.	Moder	ate	3. Sever	e 99	. Missing	711 (411)
	V.2	243.	SPAM/CHAM level	1	2		3	4	5	99	. Missing	
		244.	Date of closure: a. Mont	h		b.	Year _			99	Missing	***************************************

Ft. Bragg Religious preference

Ft Hood
During deployment:

Combat exposure y/n
Combat injury y/n
Perceived threat level Lo Med Hi

COMMUNITY RESOURCES QUESTIONNAIRE

The purpose of this questionnaire is to better understand military communities and families including the effect of deployment. We are interested in understanding the range of challenges that service members, families and communities face. Most questionnaire items will **NOT** be about you personally (*except* PART I. Respondent Background Information). You will be asked to give your thoughts about your community and families in your community as a whole (*not about you personally*).

Your participation in this questionnaire is voluntary and anonymous (we are not asking for your name and you can choose not to participate). We are NOT collecting information that will identify you personally. In order to conduct these questionnaires we have obtained permission from the proper authorities at your installation. The information you provide will be seen only by our group and any reports coming from this information will be reported as a group; no names will be used in our reports. In addition, if at any time you feel the need to terminate your participation you may do so. The questionnaire will take approximately 20 minutes to complete.

Questionnaire Instructions:

Please read the instructions for each item carefully before you answer. There are no right or wrong answers to the questions. Just answer the questions the way you feel about them. The important thing is to <u>ANSWER ALL</u> <u>QUESTIONS COMPLETELY</u>. Most questions can be answered by circling a number corresponding to an appropriate answer, by filling in a blank, or by writing in a brief description. Unless otherwise instructed, please give only one answer for each question.

REMEMBER:

For all sections of the questionnaire (except PART I. Respondent Background Information), please answer every question as it relates to YOUR COMMUNITY and NOT to you personally.

PART I. RESPONDENT BACKGROUND INFORMATION

For this section, we are asking for information about YOU; however, we will NOT be able to identify you personally.

Α	1.	Today's Date: / / / Y		
Α	2.	Age:Years		
Α	3.	Sex: 1. Male 2. Female		
A	4.	What is your current marital status? 1. Single 2. Married 3. Legally Separated or Divorced 4. Widowed		
	4a.	If you are <u>married</u> , how many years have you be	en married?Years	
Α	5.	Do you have children? 1. Yes 2. No		
A	6.	Highest level of education you have completed: 1. Less than 12 th grade (no G.E.D) 2. High School or G.E.D. 3. Some College or Technical School 4. Bachelor's Degree 5. Graduate Degree (Masters or doctoral)		
A	7.	Race: 1. American Indian or Alaskan Native 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White (not Hispanic or Latino) 6. Other Please specify:		
Α	8.	Ethnicity: 1. Hispanic or Latino 2. Not Hispanic or Latino		
A	9.	Are YOU currently in the military? 1. Yes 2. No		
		If Yes, What is YOUR Military Affiliation?	c) Comp	onent:
		a) Service: b) Rank: b) Rank:		Active Component
		(e.g. Anny, Navy, An Force, Marine Corps, etc.)		Reserve Component

A	10. Is your SPOUSE currently in the military? 1. Yes		
	2. No		
	3. Not married		
	If Yes, What is your SPOUSE'S Military Affiliation? a) Service: b) Rank:	_	onent:
	(e.g. Army, Navy, Air Force, Marine Corps, etc.) (e.g. E1-E9, W1-W5, O1-O10)		Active Component Reserve Component
A	11. At what installation are you presently located?		
A	12. How long have you been at this installation?Year(s)	Month(s)	
A	13. Prior to coming to this installation, have you lived or worked at other in the second of the second of	installations?	
	13a. If Yes, how many other installations?		
A	14. Where do you currently live?1. On Post2. Off Post		
Α	15. Are you currently employed?1. Yes2. No		
	15a. If Yes, do you work full-time or part-time? 1. Full-time 2. Part-time		
Α	16. What is your current occupation?		
	DART II COMMUNITY DESCURCES AND S		

Part II. Community Resources and Services

Please answer all questions as they relate to your Community and NOT to you personally.

COMMUNITY RESOURCES

B 1. We would like your opinions about community resources both on and off post. Please indicate for each item below how well you think it **meets the needs** of military families in this community. For each item, circle the appropriate number.

a. <u>ON Post Resources</u>	Does not -Meet Needs		Somewhat Meets Needs		Completely Meets Needs	Don't Know
1. Retail and food services (e.g. com		2	3	4	5	6
2. Housing	1	2	3	4	5	6
3. Healthcare	1	2	3	4	5	6
4. Mental health care	1	2	3	4	5	6
5. Recreational services	1	2	3	4	5	6
6. Childcare services	1	2	3	4	5	6
7. Religious activities	1	2	3	4	5	6
8. Family activities	1	2	3	4	5	6

b. <u>OFF Post Resources</u>	Does not -Meet Needs		Somewhat Meets Needs		Completely Meets Needs	Don't Know
1. Retail and food services	1	2	3	4	5	6
2. Housing	1	2	3	4	5	6
3. Healthcare	1	2	3	4	5	6
4. Mental health care	1	2	3	4	5	6
5. Recreational services	1	2	3	4	5	6
6. Childcare services	1	2	3	4	5	6
7. Religious activities	1	2	3	4	5	6
8. Family activities	1	2	3	4	5	6

- B 2. Are the people living **ON POST** most likely to use resources **ON** or **OFF** post?
 - 1. On Post
 - 2. Off Post
 - 3. Both Equally
- B 3. Are the people living **OFF POST** most likely to use resources **ON** or **OFF** post?
 - 1. On Post
 - 2. Off Post
 - 3. Both Equally
- B 4. Which cities or towns do military families at your installation go to most often for **off post resources**?
- B 5. Based on your opinion, please indicate whether or not the following on and off post resources <u>for children</u>
 in. <u>this community</u> are typically used. Please circle the best answer regardless of whether or not you personally have children.

a.	ON Post Resources for Children			Don't	Resource
		_Yes	No	Know	Not Available
	1. After school activities/clubs	1	2	3	4
	2. Sports teams	1	2	3	4
	3. Clubs (e.g. Scouts, 4H, etc.)	1	2	3	4
	4. Recreational activities (e.g. playground, skatepark, bowling alley, etc.)	1	2	3	4
	5. Youth groups	1	2	3	4

b.	OFF Post Resources for Children			Don't	Resource
		_Yes	No	Know	Not Available
	1. After school activities/clubs	1	2	3	4
	2. Sports teams	1	2	3	4
	3. Clubs (e.g. Scouts, 4H, etc.)	1	2	3	4
	4. Recreational activities (e.g. playground, skatepark, bowling alley, etc.)	1	2	3	4
	5. Youth groups	1	2	3	4

B 6. For the on and off post resources for children listed above that are **available**, **but are not being used**, why do you think these resources are not being used and what would you suggest be done to increase the use of these resources? Please describe in the space below.

COMMUNITY SERVICES

7. We are interested in what **prevents** people from using **health care services**. Do you think each of the following might affect someone's decision to obtain health care services? For each item below, please circle Yes or No for **both military and non-military** health care services.

		Military		Non-mili	,
		Health Care	Services	Health Care	<u>Services</u>
		_Yes	No	Yes	No
a.	Do not trust providers	1	2	1	2
b.	Do not know where to get help	1	2	1	2
c.	Lack of adequate transportation	1	2	1	2
d.	Difficulty scheduling an appointment	1	2	1	2
e.	Difficulty getting time off work	1	2	1	2
f.	These services cost too much money	1	2	1	2
g.	People find it embarrassing	1	2	1	2
h.	The belief that it would harm their career	1	2	1	2
i.	The belief that others would have less confidence in them	1	2	1	2
j.	The belief that they would be treated differently	1	2	1	2
k.	The belief that they would be blamed for needing services	1	2	1	2
1.	The belief that they would be seen as weak	1	2	1	2
m.	The belief that these services do not work	1	2	1	2

B 8. Of those people who could benefit from each of the following Army services, about how many people do you think are actually using them? (If service is not available, circle 6. If you are not aware of a particular service, circle 7 for 'Don't Know.')

					Most	Service is	Don't
	<u>None</u>		About Hal	f	Everyone	Not Available	Know
a.	Family Advocacy Program (FAP) 1	2	3	4	5	6	7
b.	Soldier and Family Assistance Center (SFAC) 1	2	3	4	5	6	7
c.	Family Readiness Group (FRG) 1	2	3	4	5	6	7
d.	New Parent Support Program (NPSP) 1	2	3	4	5	6	7
e.	Exceptional Family Member Program (EFMP) 1	2	3	4	5	6	7
f.	Child and Youth Services (CYS) 1	2	3	4	5	6	7
g.	Army Family Action Plan (AFAP) 1	2	3	4	5	6	7
h.	Army Family Team Building (AFTB) 1	2	3	4	5	6	7
i.	Relocation Readiness Program (RRP) 1	2	3	4	5	6	7
j.	Army Emergency Relief (AER) 1	2	3	4	5	6	7
k.	Financial Readiness Program (FRP) 1	2	3	4	5	6	7
1.	Employment Readiness Program (ERP) 1	2	3	4	5	6	7
m.	Information & Referral Program (I&R) 1	2	3	4	5	6	7
n.	Volunteer Services 1	2	3	4	5	6	7

B 9. Thinking about the needs of families in this community, what additional Army services do you think might be helpful and why? Please describe in the space below.

PART III. FAMILY FUNCTIONING

Please answer all questions as they relate to your Community and NOT to you personally.

Answer all items even if you don't personally have children.

CHILDREN'S BASIC NEEDS

1. Thinking of families with children in your community, in general, please rate the extent to which you think each of the following **interferes** with parents/caregivers in this community providing for the **basic needs of their children** (e.g., food, shelter, clothing, supervision, medical and emotional needs, etc.).

	Not at all	A little bit	Moderately	Quite a bit	<u>Extremely</u>
A. Factors Involving Parents/Caregiver(s)/Fam	ily				
1. Marital problems	1	2	3	4	5
2. Medical problems	1	2	3	4	5
3. Emotional distress	1	2	3	4	5
4. Substance use	1	2	3	4	5
5. Financial problems	1	2	3	4	5
6. Deployment length	1	2	3	4	5
7. Deployment frequency	1	2	3	4	5
B. Factors Involving Child(ren)					
1. School problems	1	2	3	4	5
2. Social problems (e.g. fighting, lack of friends,	etc.)1	2	3	4	5
3. Behavioral or emotional problems	1	2	3	4	5
4. Medical problems	1	2	3	4	5
5. Special needs or developmental problems	1	2	3	4	5
C. Factors Involving the Military Installation					
1. Lack of cultural acceptance	1	2	3	4	5
2. Language barriers	1	2	3	4	5
3. Safety concerns	1	2	3	4	5
4. Crime concerns	1	2	3	4	5
5. Overall pace of life and work at installation	1	2	3	4	5
6. Transience of members/units at installation	1	2	3	4	5
D. Factors Involving the Civilian Community					
Lack of cultural acceptance	1	2	3	4	5
2. Language barriers		2	3	4	5
3. Safety concerns		2	3	4	5
4. Crime concerns		2	3	4	5
5. Economic concerns	1	2	3	4	5

DEPLOYMENT AND WORK DEMAND

C 2. Using the scale below, indicate how strongly you agree or disagree with the following statements as they relate to this community.

		Strongly				Strongly	Not
		_Disagree	Disagree	Neutral	Agree	Agree	Applicable
a.	Deployments are more frequent than expected	1	2	3	4	5	6
b.	Number of deployments has put a big strain on families at this installation	1	2	3	4	5	6
c.	Number of deployments has hurt the stability of marriages at this installation	1	2	3	4	5	6
d.	The demands of work interfere with home and family l	ife1	2	3	4	5	6

PART IV. COMMUNITY FUNCTIONING

Please answer all questions as they relate to your Community and NOT to you personally.

CIVILIAN AND MILITARY COMMUNITY RELATIONS

D 1. Using the scale below, indicate how strongly you agree or disagree with each of the following items:

_					_	
ree		Strongly _ <u>Disagree</u>	Disagr	-ee	<u>Neutral</u>	Strongly Agree
a. People living in the	civilian community provide		2	3	4	5
b. People living at this	s military installation provid	le support	2	3	4	5
c. In general, the surro	ounding civilian community ward this military installation.	has a	2	3	4	5
	tary installation has a positi		2	3	4	5
-	ary installation feel that they	-	2	3	4	5
-	ary installation generally do not the civilian community	•	2	3	4	5
	y) conflicts between the mili		2	3	4	5
e. People in the milita of the civilian comm f. People at the milita along with people in g. There are few (if an	ding civilian community Try installation feel that they nunity Try installation generally do not the civilian community Try installation generally do not the civilian community		2 2 2 2	3	4	

D 2. If there are conflicts between the military and civilian communities in this area, please describe these conflicts in the space below.

COMMUNITY SUPPORT

- D 3. On average, how long have people lived in this community? (If you are not sure, please give your best estimate.)
 - 1. Less than one year
 - 2. 1-2 years
 - 3. 3-4 years
 - 4. 5-10 years
 - 5. More than 10 years
- D 4. In your opinion, how much **support** emotional and practical—do people in this community usually receive from each of the following? (If you are not sure, please give your best estimate.)

	None		Moderate	A	Great Deal
a. Family	1	2	3	4	5
b. Friends	1	2	3	4	5
c. Neighbors	1	2	3	4	5

	d. Co-Workers	1	2	3	4	5
D	5. Based on where you CURRENTLY live, how like	ely would yo	ou say it is that	neighbors	could be CO	UNTEC
	ON TO INTERVENE in various ways if:		_	_		

	Ve	-у	Neither Likely		Very
	Unli	kely Unlikely	nor Unlikely	Likely	Likely
a.	Children were skipping school and hanging out on				
	a street corner	2	3	4	5
b.	Children were spray-painting graffiti on a local building1	2	3	4	5
c.	Children were showing disrespect to an adult1	2	3	4	5
d.	A fight broke out in front of their house1	2	3	4	5
e.	The fire station closest to their home was threatened with budget cuts	2	3	4	5

D 6. Based on where you **CURRENTLY** live, indicate below how strongly you agree or disagree with the following statements:

	č	Strongly _ <u>Disagree</u>	Disagree	Neutral	Agree	Strongly Agree
a.	People around here are willing to help their neighbors	1	2	3	4	5
b.	This is a close-knit neighborhood	1	2	3	4	5
c.	People in this neighborhood can be trusted	1	2	3	4	5
d.	People in this neighborhood generally don't get along weach other		2	3	4	5
e.	People in this neighborhood do not share the same value	s 1	2	3	4	5

7. Based on where you **CURRENTLY** live, indicate below how true you believe the following statements are:

	,		-		U	
		Never	Almost Never	Sometimes	Usually	Always
		True	True	True	True	True
a.	This neighborhood is a good place to live	1	2	3	4	5
b.	People greet their neighbors when they see them	1	2	3	4	5
c.	This neighborhood is a good place to raise a family	1	2	3	4	5
d.	It's safe to walk alone in this neighborhood at night	1	2	3	4	5

D 8. What do you think people like **most** about this neighborhood?

D 9. What do you think people like least about this neighborhood?





IF YOU HAVE ADDITIONAL COMMENTS OR IDEAS YOU WOULD LIKE TO SHARE WITH US, PLEASE USE THE SPACE BELOW OR THE BACK OF THIS PAGE:





DEPLOYMENT FAMILY STRESS: CHILD NEGLECT AND MALTREATMENT IN U.S. ARMY FAMILIES

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BACKGROUND AND SIGNIFICANCE



Child abuse and neglect, more broadly referred to as child maltreatment, are serious problems plaguing our nation. Nearly one million cases of child maltreatment were reported in 2006 alone, resulting in over 1,500 fatalities. Research further indicates that the incidence of all forms of child maltreatment has increased dramatically over the course of a single decade. Though resources have shown increasing prevalence rates of various types of child maltreatment, child neglect continues to represent the maltreatment category with the highest prevalence. The Third National Incidence Study has illustrated the increasing rate of child neglect prevalence. From 1986 to 1993 rates of child neglect increased from 85% to 114%.

Child neglect is an important concern in the Army. Child neglect cases have typically accounted for more than 40% of all U.S. Army child maltreatment cases. Reasonably stable from 1992-1999 the Army child neglect rate increased from 2000 to 2004 and reached its highest level in 2004, a 40% increase from 2000 to 2004. A review of Army Central Registry (ACR) child maltreatment data from 1999 through 2004 highlight the critical contribution of child neglect to these increased maltreatment rates, particularly during the elevated personnel tempo periods that correspond to the increased military personnel combat deployment to Iraq and Afghanistan. Specifically, Army-wide average rates of neglect have exceeded 4 per 1,000 in a given year, suggesting that a medium-sized installation of approximately 7,500 persons with an average level of neglect for that year would have more than 30 neglect cases. These findings suggest a relationship between combat deployment, military family stress, and child maltreatment that require further research attention.

OBJECTIVES

- Study and describe the characteristics of neglect for substantiated Army child neglect cases (e.g., demographic information, nature of neglect incident, severity of neglect incident, course of maltreatment, intervention).
- Identify child, parent, and family risk and protective factors related to child neglect, to include deployment (e.g., family characteristics, family stressors, parent characteristics, child characteristics).
- Identify military community risk and protective factors related to child neglect (e.g., military community demographics, military community resources, military community services and their availability, and military community stressors).
- 4. Identify surrounding civilian community risk and protective factors related to child neglect (e.g., civilian community demographics, civilian community resources, civilian community services and their availability, civilian community attitudes toward military population, civilian community stressors).



D Sharon Pruit is credited as the original owner of this photo.

IMPACT STATEMENT

The results of this project and associated studies will improve the understanding of child neglect phenomena within the U.S. Army, clarifying contributing risk and protective factors at multiple levels within the family and community, to include combat deployment specific contributions. The results will inform policy regarding best practices to effectively implement primary, secondary and tertiary prevention efforts toward child neglect in U.S. Army communities.

METHODOLOGY

We have examined the rates of child neglect at all U.S. Army installations to identify twenty-six U.S. Army installations in the continental United States with the highest numbers and rates of child neglect. These installations are demographically and functionally broad.

Installation Selection Criteria:

- At least forty substantiated child neglect cases within the seven-year index period from 2001 to 2007
- At least 30 cases from 1996 to 1999
- * At least one year during that period with a minimum of ten substantiated cases

This proposal establishes the first in-depth study of Army child neglect utilizing a three-pronged, cross-informing methodology. Specifically, each of the three methodologies will be utilized to collect information in varying formats at the identified installation sites. This three-pronged methodology will include the following approaches: clinical record reviews of substantiated child neglect cases, key informant questionnaires, and military and civilian community resource and characteristics data collection and analysis.

Prong A: Clinical Record Review

Prong B:
Key Informant Questionnaires
Prong C:

Community Data Collection



Understanding Child Neglect in the Army

Prong A: Clinical Record Review

Clinical record reviews will be conducted at four Army installations chosen based on their broad representation of Army child neglect phenomenology and large number of substantiated child neglect cases. One hundred closed substantiated child neglect cases at each of the four Army installations will be selected from the Army Central Registry using random sampling stratified by year from 2003-2009 (N=400).

Prong B: Key Informant Questionnaires

- Medical staff personnel from installation hospital
 Chaptains
- Key Informants Family Advocacy Program (FAP) directors
 Army Community Service (ACS) directors
 - Mobilization and Deployment Readiness Program staff
 - Army Family Team Building staff

- · Financial Readiness Group (FRG) staff
- · Recreational program staff
- Commanders
- Military service members
- Spouses

Methods of

In-person: Key informant in-person questionnaires will be used at four Army installations. These will be conducted in settings such as Family Readiness Group meetings, unit activities, commanders' meetings and commissaries.

Methods of Administration

Telephone: Key informant individual telephone questionnaires will be carried out at six additional Army installations chosen to ensure adequate representation by size of installation, rural/urban setting, location (East, West, Midwest), combat/support/training function and rank distribution.

Online: Key informant online questionnaires will be used at all twenty-six installations identified for study.

Prong C: Community Data Collection

Military and civilian community resource and characteristics data will be collected from Army and civilian data sources at the installation and zip code levels to evaluate civilian and military community level risk and protective factors of child neglect.

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